


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90093 010 ***150.00

0324216

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **J72834**

1. Corporation Name
NSA CORP.



Principal Place of Business % JOSEPH RUSSO 7600 CLARKE ROAD W. PALM BEACH FL 33406	Mailing Address % JOSEPH RUSSO 7600 CLARKE ROAD W. PALM BEACH FL 33406
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

3. Date Incorporated or Qualified 05/13/1987	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
4. FEI Number 59-2831430	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RUSSO, JOSEPH
7600 CLARKE ROAD
W. PALM BEACH FL 33406**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																				
<table><tr><td>TITLE</td><td>P</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>RUSSO, JOSEPH</td><td></td></tr><tr><td>STREET ADDRESS</td><td>7600 CLARKE ROAD</td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td>W. PALM BEACH FL</td><td></td></tr></table>	TITLE	P	<input type="checkbox"/> DELETE	NAME	RUSSO, JOSEPH		STREET ADDRESS	7600 CLARKE ROAD		CITY-STATE-ZIP	W. PALM BEACH FL		<table><tr><td>1.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>1.2 NAME</td><td></td></tr><tr><td>1.3 STREET ADDRESS</td><td></td></tr><tr><td>1.4 CITY-STATE-ZIP</td><td></td></tr></table>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-STATE-ZIP	
TITLE	P	<input type="checkbox"/> DELETE																			
NAME	RUSSO, JOSEPH																				
STREET ADDRESS	7600 CLARKE ROAD																				
CITY-STATE-ZIP	W. PALM BEACH FL																				
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																				
1.2 NAME																					
1.3 STREET ADDRESS																					
1.4 CITY-STATE-ZIP																					
<table><tr><td>TITLE</td><td>ST</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>RUSSO, PATRICIA A.</td><td></td></tr><tr><td>STREET ADDRESS</td><td>7600 CLARKE ROAD</td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td>W. PALM BEACH FL</td><td></td></tr></table>	TITLE	ST	<input type="checkbox"/> DELETE	NAME	RUSSO, PATRICIA A.		STREET ADDRESS	7600 CLARKE ROAD		CITY-STATE-ZIP	W. PALM BEACH FL		<table><tr><td>2.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>2.2 NAME</td><td></td></tr><tr><td>2.3 STREET ADDRESS</td><td></td></tr><tr><td>2.4 CITY-STATE-ZIP</td><td></td></tr></table>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-STATE-ZIP	
TITLE	ST	<input type="checkbox"/> DELETE																			
NAME	RUSSO, PATRICIA A.																				
STREET ADDRESS	7600 CLARKE ROAD																				
CITY-STATE-ZIP	W. PALM BEACH FL																				
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																				
2.2 NAME																					
2.3 STREET ADDRESS																					
2.4 CITY-STATE-ZIP																					
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-STATE-ZIP			<table><tr><td>3.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>3.2 NAME</td><td></td></tr><tr><td>3.3 STREET ADDRESS</td><td></td></tr><tr><td>3.4 CITY-STATE-ZIP</td><td></td></tr></table>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> DELETE																			
NAME																					
STREET ADDRESS																					
CITY-STATE-ZIP																					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																				
3.2 NAME																					
3.3 STREET ADDRESS																					
3.4 CITY-STATE-ZIP																					
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-STATE-ZIP			<table><tr><td>4.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>4.2 NAME</td><td></td></tr><tr><td>4.3 STREET ADDRESS</td><td></td></tr><tr><td>4.4 CITY-STATE-ZIP</td><td></td></tr></table>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> DELETE																			
NAME																					
STREET ADDRESS																					
CITY-STATE-ZIP																					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																				
4.2 NAME																					
4.3 STREET ADDRESS																					
4.4 CITY-STATE-ZIP																					
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-STATE-ZIP			<table><tr><td>5.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>5.2 NAME</td><td></td></tr><tr><td>5.3 STREET ADDRESS</td><td></td></tr><tr><td>5.4 CITY-STATE-ZIP</td><td></td></tr></table>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> DELETE																			
NAME																					
STREET ADDRESS																					
CITY-STATE-ZIP																					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																				
5.2 NAME																					
5.3 STREET ADDRESS																					
5.4 CITY-STATE-ZIP																					
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-STATE-ZIP			<table><tr><td>6.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>6.2 NAME</td><td></td></tr><tr><td>6.3 STREET ADDRESS</td><td></td></tr><tr><td>6.4 CITY-STATE-ZIP</td><td></td></tr></table>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> DELETE																			
NAME																					
STREET ADDRESS																					
CITY-STATE-ZIP																					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																				
6.2 NAME																					
6.3 STREET ADDRESS																					
6.4 CITY-STATE-ZIP																					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph Russo
Joseph Russo

4/26/99 (561) 965-3235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)